

01/22/02
J1130 U.S. PTO

01/24/02

A

Please type a plus sign (+) inside this box +

PTO/SB/05
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY		Attorney Docket No.	CV0110A
PATENT APPLICATION		First Inventor or Application Identifier	
TRANSMITTAL		Hellen Chaya Greenblatt, et al.	
(Only for new nonprovisional applications under 37 C.F.R. § 1.53 (b))		Title	ANTI-DIARRHEAL AND METHOD FOR USING THE SAME
		Express Mail Label No.	EJ939591759US
		Express Mailing Date	January 22, 2002

10/31/05
J1130 U.S. PTO
01/22/02

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		Address To: Assistant Commissioner For Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee (Authority to charge deposit account below) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 2,3] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross References to Related Applications <i>(if needed)</i> - Statement Regarding Fed sponsored R & D <i>(if needed)</i> - Reference to Microfiche Appendix <i>(if needed)</i> - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claims - Abstract of the Disclosure</p> <p>3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 1]</p> <p>4. <input checked="" type="checkbox"/> Declaration and Power of Attorney [Total Pages] a. <input checked="" type="checkbox"/> Newly Executed (original or copy) New unsigned copy b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63 (d)(2) and 1.33 (b).</p> <p>14. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application no. 60/ 084,765, Filed May 8, 1998 and 09/291,784 filed April 14, 1999</p> <p>15. <input type="checkbox"/> DELETION OF INVENTORS: This application is being filed by less than all the inventors named in the prior application. In accordance with 37 CFR 1.63(d)(2) and 1.33(b), the Assistant Commissioner is requested to delete the name(s) of the following person or persons who are not inventors of the invention being claimed in this application:</p> <p>16. <input checked="" type="checkbox"/> Amend the specification by inserting before the first line the sentence: -- This is a <input checked="" type="checkbox"/> continuation-in-part, <input type="checkbox"/> continuation, <input type="checkbox"/> divisional of Application No. 60/ 084,765, Filed May 8, 1998, now abandoned and Application No. 09/291,784, filed April 14, 1999, now abandoned. --</p> <p>17. <input type="checkbox"/> Priority of foreign Application No. , filed on in is claimed under 35 U.S.C. 119.</p>			
<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i> c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>7. <input type="checkbox"/> Assignment Papers (<i>cover sheet & documents</i>) 8. <input type="checkbox"/> Information Disclosure Statement (<i>if applicable</i>) IDS/PCTO-1449 □ Copy of IDS Citations</p> <p>9. <input type="checkbox"/> Preliminary Amendment</p> <p>10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>11. <input type="checkbox"/> Small Entity Statement <input checked="" type="checkbox"/> Statement filed in prior application, status still proper and desired</p> <p>12. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>13. <input checked="" type="checkbox"/> Other: One Month Extension of Time</p>			

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	8 - 20 =		x \$ 9 =	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 - 3 =		x \$ 39 =	
	MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$ 130 =	
				BASIC FEE (37 CFR 1.16(a))	\$ 370.00
				TOTAL =	370.00

18. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. **50-0929**.

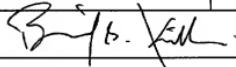
- a. Fees required under 37 CFR 1.16
- b. Fees required under 37 CFR 1.17

19. Other:

20. CORRESPONDENCE ADDRESS

<i>NAME</i>	Basil S. Krikelis			
<i>ADDRESS</i>	Arkion Life Sciences			
	3521 Silverside Road			
	Quillen Building			
<i>CITY</i>	Wilmington	<i>STATE</i>	Delaware	<i>ZIP CODE</i>
<i>COUNTRY</i>	U.S.A.	<i>TELEPHONE</i>	(302) 695-5361	<i>FAX</i>

21. SIGNATURE OF ATTORNEY OR AGENT REQUIRED

<i>NAME</i>	Basil S. Krikelis	<i>REGISTRATION NO.</i>	41,129
<i>SIGNATURE</i>			
<i>DATE</i>	January 22, 2002		